

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 721610

1. Entity Name
**OAKWOOD VILLAS CONDOMINIUM OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**5050 LIVE OAK CIRCLE
BRADENTON, FL 34207**

Mailing Address
**4301 32ND ST. W.
STE. A-20
BRADENTON, FL 34205**



01232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1561468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C & S CONDOMINIUM MANAGEMENT SERVICE INC
4301 32ND STREET WEST
SUITE A20
BRADENTON, FL 34205**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000817768
02/15/08-80015-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON, JANET 5053 LIVE OAK CIRCLE BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SERDY, MICHAEL 5051 RED OAK PLACE BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAHAM, GEOFF 5019 LIVE OAK CIRCLE BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWMAN, MARIAN 5034 LIVE OAK CR. BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, PHYLLIS 5020 LIVE OAK CIRCLE BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janet Hudson

Jan 30/08 941-751-9394